ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. *110a*

Registered No. *52*

1. PLACE OF BIRTH

County *Gila* State *Arizona* or Village *P.O. San Carlos Arizona*

District or Township

City *Miami* No. *Miami Insp Hospital* (If birth occurred in a hospital or institution, give its NAME instead of street and number.) Ward

If child is not yet named, make supplemental report, as directed.

2. Full name of child *Norman Edward Wilson*

3. Sex of Child *Male*	To be answered ONLY in event of plural births.	4. Twin, triplet or other.............	6. Legitimate? *Yes*	7. Date of birth *Feb 10 - 1932* Month Day Year
		5. No., in order of birth.		

8. FATHER	**14. MOTHER**
Full name *Fred Robert Wilson*	Full maiden name *Mabel Lambert*
9. Residence (Usual place of abode) *San Carlos Arizona* If non-resident, give place and state.	15. Residence (Usual place of abode) *San Carlos Arizona* If non-resident, give place and state.
10. Color or race *Cauc.* 11. Age at last birthday *25* (Years)	16. Color or race *Cauc.* 17. Age at last birthday *22* (Years)
12. Birthplace (city or place) *Globe* (State or country) *Arizona*	18. Birthplace (city or place) *Pima* (State or country) *Arizona*
13. Occupation Nature of industry *Merchant*	19. Occupation Nature of industry *Housewife*

20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child.) *3*	(a) Born alive and now living *3* (b) Born alive but now dead *0* (c) Stillborn *0*	21. Were precautions taken against ophthalmia neonatorum? *Yes*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *born alive* at *11:35* P.m. on the date above stated. (Born alive or stillborn)

Signature *Cyril M. Crow M.D.*

* When there was no attending physician or midwife, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address *Miami, Arizona* (Physician or midwife).

Given name added from a supplemental report............ Month, day, year

565 - 210 - 433 Registrar

Filed *Mch 11, 1932* *C. E. Irwin* Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in the order of birth stated.